

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MATTHEW 25 NETWORK

ADDRESS (number and street)

25 E STREET NW SUITE 200

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00449801

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Grant Brooke

Signature of Treasurer

Electronically Filed by Grant Brooke

Date

0 1

2 6

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MATTHEW 25 NETWORK

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	21102.47	
(c) Total Receipts (from Line 19) .....	225.00	180835.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	21327.47	180835.58
7. Total Disbursements (from Line 31) .....	13574.06	173082.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7753.41	7753.41
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6031.64	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
MATTHEW 25 NETWORK

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	100.00	109579.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	125.00	50232.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	225.00	159811.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	225.00	180811.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	24.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	225.00	180835.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	225.00	180835.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10680.50	112444.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10680.50	112444.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	2643.56	60387.72
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13574.06	173082.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13574.06	173082.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	225.00	180811.21
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-25.00	180561.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10680.50	112444.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	24.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10680.50	112420.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

**A.**

Full Name (Last, First, Middle Initial)

Alison Baldwin

Mailing Address 1415 E. 54th Place

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Opinion Research  
Center

Occupation  
Statistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6760

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

eliza gatfield

Mailing Address 357 centre island road

City

oyster bay

State

NY

Zip Code

11771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6761

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

100.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

<b>A.</b> Full Name (Last, First, Middle Initial) Budget Rent-a-Car	<b>Transaction ID:</b> SB21B.6798 <b>Date of Disbursement</b>
Mailing Address 6 Sylvan Way	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 4 / 2 0 0 8</div> </div>
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Car Rental	<div> <div></div> <div>50.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> SB21B.6789 <b>Date of Disbursement</b>
Mailing Address 1030 Delta Boulevard	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 0 4 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 30320	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div> <div></div> <div>235.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Google Adwords	<b>Transaction ID:</b> SB21B.6782 <b>Date of Disbursement</b>
Mailing Address 1600 Ampitheater Pkwy	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 2 5 / 2 0 0 8</div> </div>
City Mountain View State CA Zip Code 94043	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web Ads	<div> <div></div> <div>336.40</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

621.40

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

<b>A.</b> Full Name (Last, First, Middle Initial) Network Lobby	<b>Transaction ID:</b> SB21B.6778 <b>Date of Disbursement</b>																				
Mailing Address 25 E Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	8												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td>6</td><td>5</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	6	5	0	0																
6	5	0	0																		
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Paper Source	<b>Transaction ID:</b> SB21B.6785 <b>Date of Disbursement</b>																				
Mailing Address 3019 M Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	6		2	0	0	8												
City Washington State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>1</td><td>3</td><td>7</td><td>0</td><td>5</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	3	7	0	5															
1	3	7	0	5																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paper Source	<b>Transaction ID:</b> SB21B.6792 <b>Date of Disbursement</b>																				
Mailing Address 3019 M Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	5		2	0	0	8												
City Washington State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>3</td><td>8</td><td>6</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	3	8	6	0																
3	8	6	0																		
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**825.65**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

**A.**

Full Name (Last, First, Middle Initial)  
pTV Media

Mailing Address P.O. Box 65273

City Washington State DC Zip Code 20035

Purpose of Disbursement  
Web Video

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6767

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5045.00

**B.**

Full Name (Last, First, Middle Initial)  
Sandler, Reiff & Young, PC

Mailing Address 300 M Street, SE  
Suite 1102

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1140.42

**C.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 1250 H Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6781

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.26

**SUBTOTAL** of Disbursements This Page (optional) .....

6236.68

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

**A.**

Full Name (Last, First, Middle Initial)

Wired for Change

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Email Database

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6791

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

10053.71

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)  
Edda Coleman

Mailing Address 8425 Laiy Creek Court

City State Zip Code  
Springfield VA 22153

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.6770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 / 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Absoute Pitch Studios, Inc.

Nature of Debt (Purpose):  
Radio Ad Production

Mailing Address 7101 Wisconsin Ave.  
SuiteLL01

City State ZIP Code  
Bethesda MD 20814

Outstanding Balance Beginning This Period

1487.50

Transaction ID: SD10.6086

Amount Incurred This Period

0.00

Payment This Period

1487.50

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Laryn Bakker

Nature of Debt (Purpose):  
Strategic Consulting

Mailing Address 4909 LaSalle Rd

City State ZIP Code  
Hyattsville MD 20782

Outstanding Balance Beginning This Period

555.00

Transaction ID: SD10.6750

Amount Incurred This Period

0.00

Payment This Period

555.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Suzette Caldwell

Nature of Debt (Purpose):  
Newspaper Advertisement

Mailing Address PO Box 130876

City State ZIP Code  
Spring TX 77393

Outstanding Balance Beginning This Period

4931.64

Transaction ID: SD10.4515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4931.64

1) **SUBTOTALS** This Period This Page (optional).....

4931.64

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
pTV MediaNature of Debt (Purpose):  
Website Development

Mailing Address P.O. Box 65273

City State ZIP Code  
Washington DC 20035

Outstanding Balance Beginning This Period

5045.00

Transaction ID: SD10.6752

Amount Incurred This Period

0.00

Payment This Period

5045.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Salem Radio RepresentativesNature of Debt (Purpose):  
Radio Ads

Mailing Address 6400 N. Belt Line Road

City State ZIP Code  
Irving TX 75063

Outstanding Balance Beginning This Period

1100.00

Transaction ID: SD10.6753

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1100.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sandler, Reiff & Young, PCNature of Debt (Purpose):  
Legal ServicesMailing Address 300 M Street, SE  
Suite 1102City State ZIP Code  
Washington DC 20003

Outstanding Balance Beginning This Period

1140.42

Transaction ID: SD10.6749

Amount Incurred This Period

0.00

Payment This Period

1140.42

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1100.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
MATTHEW 25 NETWORK

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
Strother Duffy Strother

**Nature of Debt (Purpose):**  
Advertising Production

**Mailing Address** 7315 Wisconsin Avenue, NW

**City** Bethesda **State** MD **ZIP Code** 20814

**Outstanding Balance Beginning This Period**

1156.06

**Transaction ID:** SD10.6744

**Amount Incurred This Period**

0.00

**Payment This Period**

1156.06

**Outstanding Balance at Close of This Period**

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....

6031.64

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

6031.64



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 17 / 18

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00449801</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Absoute Pitch Studios, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7101 Wisconsin Ave. SuiteLL01		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">662.50</div>	
City State Zip Code Bethesda MD 20814		<b>Transaction ID:</b> SE.6768	
Purpose of Expenditure Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">58406.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Absoute Pitch Studios, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7101 Wisconsin Ave. SuiteLL01		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">825.00</div>	
City State Zip Code Bethesda MD 20814		<b>Transaction ID:</b> SE.6799	
Purpose of Expenditure Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">59231.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">1487.50</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Grant Brooke Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 18 / 18

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK			<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00449801																						
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			<b>Date</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> <b>Amount</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1156.06</td></tr></table> <b>Transaction ID:</b> SE.6771		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	8	1156.06
M	M	/			D	D	/	Y	Y	Y	Y														
1	2				2	2		2	0	0	8														
1156.06																									
Full Name (Last, First, Middle, Initial) of Payee Strother Duffy Strother																									
Mailing Address 7315 Wisconsin Avenue, NW																									
City Bethesda	State MD	Zip Code 20814																							
Purpose of Expenditure Ad Production		Category/ Type <input type="text"/>	<b>Office Sought:</b> <input type="checkbox"/> House      State: <u>DC</u> <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> Presidential  <b>Check One:</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  <b>Disbursement For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008																						
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>60387.72</td></tr></table>					60387.72																				
60387.72																									

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1156.06</td></tr></table>	1156.06																			
1156.06																					
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>																				
(c) <b>TOTAL</b> Independent Expenditures .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2643.56</td></tr></table>	2643.56																			
2643.56																					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.																					
Grant Brooke Signature _____	Date <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												